

Permit Fee: \$ _____ + State Fee: _____ = Total Fee: \$ _____

Tax Collector

_____ Approved _____ Denied

_____ Date: _____

CA Fee: _____ PERMIT #: _____

This Item For Office Use

**Town of Brookfield
PERMIT APPLICATION
DEMOLITION ONLY**

APPLICATION DATE: _____ PROPERTY ID#: _____

| | | | |
|--|----------|----------------------|---------------------------|
| Property Street Address: | | | |
| Owner Name and Mailing Address: | | | Email & Phone: |
| Applicant Name: | | | Email & Phone: |
| Contractor Name: | | | Email & Phone: |
| Contractor Address: | | | |
| Contractor License #: | | | Exp. Date: |
| Assessed Valuation of Building: | \$ _____ | Building Age: | |

Description of Work: _____

Start Date: _____ Completion Date: _____ Value of Work: \$ _____

I hereby certify that I am the owner of record of the above named property, or that the proposed work is authorized by the owner and that I have been authorized to make this application as the designated agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature: Owner/Agent _____ Date _____ Signature: Contractor _____ Date _____

Building Official Approval _____ Date _____ Witness Authorization Acknowledgement _____ Date _____

Historic Commission Approval _____ Date _____
04/17